



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600001

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FAYVILLE ATHLETIC ASSN. INC

DOING BUSINESS A

ADDRESS 6 GROVE ST.

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01745

MANAGER: MAGUIRE,
MICHAEL A.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR CLUBHOUSE, ONE LARGE ROOM, KITCHEN AND TWO SMALL STOREROOMS,
HAVING ONE ENTRANCE ON GROVE STREET, TWO EXITS, ONE ON EACH END OF THE
BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600002

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHBORO HOUSE OF PIZZA, INC.

DOING BUSINESS AS

ADDRESS 5 MAIN ST.

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: BALTAS,
CHRISTOS A

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, ONE KITCHEN, STORAGE AREA ON FIRST FLOOR IN KITCHEN AREA,
ONE FRONT ENTRANCE AND ONE REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600003

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIANGFENG INC.

DOING BUSINESS AS ROSE GARDEN

ADDRESS 1 SOUTHVILLE RD.

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: CHEN,
LIANGFENG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4000 SF BLDG. INCLUDING A DINING AREA, 24 FOOT HORSE- SHOE BAR, DANCE FLOOR, FULLY EQUIPPED KITCHEN AND STORAGE AREA, ONE MAIN ENTRANCE AND EXIT FOR CUSTOMERS AT THE FRONT OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600007

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CORK'S INC.

DOING BUSINESS AS OWEN O'LEARY'S RESTAURANT

ADDRESS 50 TURNPIKE RD.

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01745

MANAGER: GILL, KEVIN F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; TWO ROOMS, TWO LEVELS, LOUNGE, BAR AND DINING AREA, KITCHEN, BATHROOMS, TWO ENTRANCES AND EXITS; SECOND FLR; STAIRS LEADING FROM 1ST FLOOR 1 RM WITH DINING AREA & BAR, 1 ENTRANCE & 3 EXITS & BATHROOMS, BLDG. HAS NO CELLAR.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600008

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAURO'S MARKET, INC.

DOING BUSINESS AS

ADDRESS 4 MAIN ST

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: MAURO, STEVEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING LOCATED AT 4 MAIN ST. FRONT ENTRANCE ON MAIN ST. ONE
REAR ENTRANCE LOCATED IN BACK OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600011

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B.K.P., INC

DOING BUSINESS AS FITZGERALD'S GENERAL STORE

ADDRESS 110 SOUTHVILLE ROAD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: PATEL,
RAMANBHATI K.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOODEN STRUCTURE, MAIN ENTRANCE AND EXIT ON SOUTHVILLE ROAD,
REAR EXIT EMERGENCY ONLY, FIRE ESCAPE EXIT, STORAGE IN BASEMENT AND ON
SECOND FLOOR, STREET FLOOR SALESROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600012

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BILLS PACKAGE STORE, INC

DOING BUSINESS AS

ADDRESS 7 TURNPIKE RD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: NEIL FLETCHER

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES AREA AND A 30'X40' STORAGE. CELLAR FOR STORAGE. BOTH ENTRANCES ON
TURNPIKE ROAD. SECOND FLOOR (40X50) IS OFFICE SPACE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600013

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VIRGIN MARY MOTHER OF LIGHT, INC

DOING BUSINESS AS TURNPIKE FOOD & LIQUOR

ADDRESS 65 TURNPIKE RD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01745

MANAGER: ZIADA, GINA H.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

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EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND EXIT ON TURNPIKE ROAD, ONE EXIT AT SIDE OF STORE AND ONE IN THE REAR. 1ST FLOOR CONSISTING OF TWO ROOMS, CELLAR USED FOR STORAGE ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600014

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TONY'S BEER & WINE INC.

DOING BUSINESS AS TONY'S BEER & WINE

ADDRESS 349 TURNPIKE ROAD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: MEDRI, LAURIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY BRICK AND BLOCK BLDG., THREE ROOMS, NO CELLAR, ENTRANCE AND
EXIT FROM TURNPIKE ROAD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600022

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PANZANO MARKET, INC

DOING BUSINESS A

ADDRESS 154 TURNPIKE RD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: PRINCE, THOMAS F. TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ.FT. RETAIL FOOD AND WINE SHOP, SINGLE CUSTOMER ENTRANCE IN FRONT
AND ADDITIONAL EMPLOYEE ENTRANCE IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600023

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOMASSO TRATTORIA, INC.

DOING BUSINESS A SAME

ADDRESS 154 TURNPIKE ROAD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: PRINCE, THOMAS TYPE OF LICENSE: Restaurant
F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3600 sq. ft. in retail building; one entrance/exit in front(rte 9) and two entrance/exits on side...delivery entrance/exit in back...kitchen, bar, dining room, private dining room and bathrooms on first floor; storage in basement

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600024

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST. MARK'S GOLF CLUB, INC

DOING BUSINESS A

ADDRESS 36 CORDAVILLE RD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: HARRISON,
WILLIAM J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY STRUCTURE APPROX 1500 SQ FT DOUBLE ENTRY DOOR AND SLIDER IN
FRONT AND SINGLE EXTERIOR DOOR IN
BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600025

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CULINARY UNDERGROUND LLC

DOING BUSINESS AS

ADDRESS 21 TURNPIKE ROAD SUITE E

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: LEINBACH, LORI TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TEACHING KITCHEN WITH DEMONSTRATION AREA AND A SMALL RETAIL AREA,
APPROX. 1400 SQ FT TOTAL WITH A FRONT AND REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 121600026

CITY OR TOWN SOUTHBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHBOROUGH VARIETY CORP.

DOING BUSINESS AS STONY BROOK MARKET

ADDRESS 162 CORAVILLE ROAD

CITY/TOWN: SOUTHBOROUGH

STATE: MA

ZIP CODE: 01772

MANAGER: KASSOUF, SALIM

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL CONVENIENCE STORE WITH THE MAIN ENTRANCE/EXIT AT THE FRONT OF THE
STORE AND ONE EXIT AT THE BACK OF THE STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)